

Montana Medicaid - Fee Schedule

Personal Transportation Services and Per Diem - Provider Type 23

Definitions:

January, 2004

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination
For example:
26 = professional component
TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Montana Medicaid - Fee Schedule
Personal Transportation Services and Per Diem - Provider Type 23

Proc	Modifier	Description	Effective	Method	Fee	PA
A0110		NONEMERGENCY TRANSPORT BUS	10/1/1986	FEE SCHED	\$1,000.00	Y
A0140		NONEMERGENCY TRANSPORT AIR	7/1/2002	FEE SCHED	\$10.30	Y
A0180		NONER TRANSPORT LODGNG RECIP	2/1/2003	FEE SCHED	\$40.00	Y
A0190		NONER TRANSPORT MEALS RECIP	2/1/2003	FEE SCHED	\$15.00	Y
Z0008		TRANSPORTATION OVER 16 MILES - TAXICAB PER MILE	7/1/2002	FEE SCHED	\$0.65	Y
Z0013		COMMERCIAL AIR	9/1/1998	FEE SCHED	Negotiated	Y
Z0014		PRIVATE AIR PER NAUTICAL MILE	7/1/2002	FEE SCHED	\$1.19	Y
Z0020		BREAKFAST	2/1/2003	FEE SCHED	\$5.00	Y
Z0021		LUNCH	2/1/2003	FEE SCHED	\$5.00	Y
Z0022		DINNER	2/1/2003	FEE SCHED	\$5.00	Y
Z0024		LODGING ONLY	2/1/2003	FEE SCHED	\$25.00	Y